


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P06248 (9)					
1. Corporation Name FISHER SCIENTIFIC COMPANY					
Principal Place of Business 711 FORBES AVENUE PITTSBURGH PA 15219			Mailing Address 711 FORBES AVENUE PITTSBURGH PA 15219-4729		
2. Principal Place of Business 21 2000 PARK LANE Suite, Apt. #, etc. 22 City & State 23 PITTSBURGH PA. Zip 24 15275		2a. Mailing Address 26 2000 PARK LANE Suite, Apt. #, etc. 27 City & State 28 PITTSBURGH PA. Zip 29 15275		3. Date Incorporated or Qualified 05/30/1985 3a. Date of Last Report 05/01/1996 4. FEI Number 22-2451761 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes					
SIGNATURE Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPAS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNEID, JOSEPH D		1.2 NAME		
STREET ADDRESS	LIBERTY LANE		1.3 STREET ADDRESS		
CITY - ST - ZIP	HAMPTON NH		1.4 CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, CHRISTIAN		2.2 NAME		
STREET ADDRESS	LIBERTY LN		2.3 STREET ADDRESS		
CITY - ST - ZIP	HAMPTON NH		2.4 CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINN, MICHAEL J		3.2 NAME		
STREET ADDRESS	711 FORBES AVENUE		3.3 STREET ADDRESS	2000 PARK LANE	
CITY - ST - ZIP	PITTSBURGH PA		3.4 CITY - ST - ZIP	PITTSBURGH, PA. 15275	
TITLE	EVT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEISTER, PAUL		4.2 NAME		
STREET ADDRESS	LIBERTY LANE		4.3 STREET ADDRESS		
CITY - ST - ZIP	HAMPTON NH		4.4 CITY - ST - ZIP		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUSSO, ROBERT J		5.2 NAME	AS/AT MICHAUD, MICHAEL K.	
STREET ADDRESS	711 FORBES AVE		5.3 STREET ADDRESS	2000 PARK LANE	
CITY - ST - ZIP	PITTSBURGH PA		5.4 CITY - ST - ZIP	PITTSBURGH PA. 15275	
TITLE	EVS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	UNDERBERG, MARK		6.2 NAME	DuCHQUE, TODD M.	
STREET ADDRESS	LIBERTY LANE		6.3 STREET ADDRESS	LIBERTY LANE	
CITY - ST - ZIP	HAMPTON NH		6.4 CITY - ST - ZIP	HAMPTON NH 03842	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: Michael K. Michaud			4/22/97 412-490-8763		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (9/96)